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CONSENT TO RECORD COUNSELING SESSIONS

I, _____, hereby give consent to Dr. Bergin, at Dr. Bergin Family Counseling Services to audiotape all our counseling sessions.

Please initial your selection below:

Yes _____ No _____

I understand these recordings will be used to aid the counseling administrative process and to enable accurate recall of counseling sessions. Recordings will be transcribed and the original recording will be deleted once the transcription is complete. I have discussed this procedure with Dr. Bergin, including the Counseling Center's policy on confidentiality.

I understand that refusal to sign this form will **not** affect my eligibility for receiving services at this agency. This form is valid until otherwise revoked, suspended or terminated by either party.

Signed _____ Date ____/____/____

Counselor _____ Date ____/____/____